

was followed by a pain which brought down a second perfect fœtus of six months' growth, which was expelled in its own sac, which was entire. The fœtus was of marble whiteness, and its firmness of tissue fully equalled its more fortunate full-grown mate.

This case suggests some queries relative to the pathology of the co-existent excess of amniotic fluid and blighted uterine life. Dr. Barnes, of London, remarks this connection as being very frequent.

Case of Intestinal Malformation. By F. A. SEYMOUR, M.D., Jeffersonville, Indiana.

May 23, 1874, the writer successfully operated in a case of congenital imperforate anus, with imperforate rectum passing transversely from right to left, and terminating on the left side of the pelvic cavity, to which it was supposed to be bound down by adhesions.

Subsequent to the operation, for some weeks the child seemed to thrive and to have an increasing control over the fecal evacuations; discharging the urine through the urethra as he had done from his birth.

When he was five weeks old, my attention was called to the fact that for some time immediately previous the babe had not passed his urine *per viam naturalem*, but that he had occasional clear watery discharges per rectum, which, the nurse said, had a urinous odour. I did not see the patient, but sent directions to have the evacuations closely watched, and, should the statement of the nurse prove correct, to inform the family physician, who, in the event of the necessity for further surgical interference, would notify me.

These rectal urinary discharges ceased almost entirely within a few days, the urethra performing its proper office.

The excretions were normal as to quality, quantity, and frequency, the feces being a little more consistent than is usual with infants. I heard no more from the case until September 15, 1874, nearly four months after the operation, when I was summoned to hold an autopsy, the child having died the previous night. On inquiry, I learned that for two months or more he had been wasting away, the abdomen meanwhile becoming prominent and tympanitic. Appetite had continued good, digestion unimpaired, excretions normal.

There had been no flatulence, no indications of rigor or fever, and manifestations of suffering were noticeable but a few hours before death.

Autopsy.—The body was extremely emaciated; the abdomen tumid, and of a purplish hue. The artificial anus was somewhat contracted, but not perceptibly abnormal.

The abdominal cavity alone was examined. The liver, spleen, pancreas, and kidneys were normal in size, structure, and position. Stomach small, but normal; duodenum and jejunum entirely normal; ileum of normal diameter and length; its convolutions occupied their proper space in the umbilical and hypogastric regions, but instead of passing over to the right iliac fossa, the direction of the intestine was reversed. In the left iliac fossa, the ileum turned back upon itself; ascending, it passed over and in front of the spleen, terminating near the cardiac extremity of the stomach, in an *enormously distended cæcum* with unusually thin walls—the appendix vermiformis resting on the spleen. The colon of equal diameter with the cæcum passed thence transversely into the right hypochondrium, thence downwards into the right iliac fossa, where it suddenly diminished in size and assumed in every respect but location the appearance of a

normal ileum. This portion of intestine, making a few convolutions, passed obliquely upwards and to the left, across the spinal column as high as the left kidney, thence descending rather abruptly, recrossed the spinal column, descending without convolutions into the right iliac fossa, thence passing transversely across the pelvis, terminating, not in a fixed cul-de-sac as originally supposed, but in the bladder, by a minute orifice at its posterior part, and immediately above the vesical sphincter. This opening in the bladder was covered by a longitudinal fold of mucous membrane; in the rectum it was unprotected.

With the exception of the rectal connection, the bladder was normal, its lining showing not so much as a feculent stain. The artificial anus had been made transversely across the rectum, about an inch from its termination.

DOMESTIC SUMMARY.

Subcutaneous Injection of Strychnia in Amaurosis and Amblyopia.—Dr. HASKET DERBY extols (*Boston Med. and Surg. Journal*, Nov. 5) the efficacy of subcutaneous injection of strychnia in certain cases of amaurosis and amblyopia. He has found it particularly useful in cases of "amblyopia ex abusu." "It has for some time," he says, "been known that the long-continued, excessive use of alcohol or tobacco sometimes gives rise to a peculiar affection of vision. Its acuteness slowly and regularly diminishes. There is no contraction of the visual field, no break in its continuity, but distant and near objects grow gradually indistinct, the patient often using the expression that everything about him is enveloped in a gradually thickening mist. Glasses are found of no avail for distant objects, though convex lenses for a time sustain the failing powers of the eye for the near. But reading and writing finally become impossible. Ultimately, if the disease progresses, the patient is unable to guide himself about, and blindness may ensue. During all this time, there is no change in the external appearance of the eye. The ophthalmoscope alone reveals a change; at first, a degree of congestion of the optic nerve; towards the end, an atrophic degeneration of the same.

This is the true "amblyopia potatorum," or, more properly, alcohol not being its only cause, "amblyopia ex abusu." I have had the curiosity to look through my own records, in order to ascertain the comparative frequency of its occurrence. It occurred 52 times among 6602 patients, about .8 per cent. In hospital practice, I am satisfied it occurs more frequently. Of my 52 cases, 16 proceeded from the abuse of tobacco alone, 5 from that of alcohol, 31 from both combined.

Those who have treated these cases previous to the introduction of strychnia injections will all agree as to the slowness with which improvement takes place. It is true that rigid abstinence from the use of the exciting cause, and the employment of tonics will generally arrest the progress of the affection. But gain is excessively slow, frequently, for months, almost imperceptible.

Condition of the Uterus Five Weeks after Delivery.—Dr. WM. F. JENKS, one of the Surgeons to the State Hospital for Women, has lately had the opportunity of examining the uterus five weeks after delivery and he has given (*American Supplement to the Obstetrical Journal*, Nov. 1874) an account of his investigations.

He states: "I have been led to coincide with the opinion now held by some of the best histologists, that the reproduction is effected through the medium of the connective tissue cell in a way with which we are familiar from the study of the process of repair in other organs, viz., by their proliferation and division, forming thereby indifferent or embryonic cells, which subsequently develop into